Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09/26/2013	Address:	3400 BLK OF N BELLAIRE AVE	
Incident #:	13ISPC009729		MUNCIE, IN 47303	
County:	DELAWARE			
Type of Laboratory Seizure (check one) Scizure Location (check all that apply)				
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:	
(check all that	: Location (bedroom, kitchen, open air, apply) r Birch Reaction(s): IN TRUCK BEI			
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium): <u>IN TRUCK BED</u>				
Anhydrous Ammonia:				
Corrosive Acid:				
Corrosive Base:				
Other (iter	m and location):			
Vehicle Info	nation:			
Owner; VIN: Year:	KERRY FRITZ 1GTCS1449Y8195524 2000	Make: Model:	GMC SONOMA	
Child under age 18 discovered (check appropriate) ☐ Yes (number present) ☐ No ☐ Children not present but evidence they reside or visit often		□ unclean Estimated ler occurring: U	Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: UNK Additional Information:	
This report b	tas been faxed* or emailed to the fo	llowing agencies tha	at serve the location:	
Health Depart	ent City, Township or County <u>MUNC</u> Iment County; <u>DELAWARE</u> f Child Services Hotline: <u>deshotlinere</u>	Fax: (765)		
	ormation regarding this methamphetan officer: C. Deegan Phone		act	

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.